

Form No. 1

(1) PLACE OF BIRTH

County of Abbeville
 Township of Char. Springs
 OF
 Inc. Town of.....
 OF
 City of..... (No. St.; Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

12539

Registration District No. 103 Registered No. 13
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Alberta Medeman If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 20, 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James E. Medeman
 (9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY (Years)
 (12) BIRTHPLACE Abbeville
 (13) OCCUPATION Fanner
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lottie Huey
 (15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was Amelia at 5 at A.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lucy Medeman
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Abbeville S.C.

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed May 25, 1923 (28) Allen Rames Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY. WITH FADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Bureau of Census, Columbia, S. C.